

CERTIFICATE OF CAPACITY

☐ Medical Certificate – up to 14 days unless special reasons apply (under section 105 of the Act)	☒ Continuing certificate of capacity – up to 28 days unless special reasons apply (under section 111 of the Act)	☐ Attendance certificate only – (this cannot be used to claim weekly benefits)
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Patient's full name	Mr. Sivakumar Reddy	Date of Birth	23/11/1969
Patient's Address	3 Tarwin Place, CRANBOURNE VIC 3977		
Description of injury/disease	neck and back pain work related		
Diagnosis	mild central canal narrowing at c5/ c6 ,l5/ s1 disk protrution , contacting s1 nerve root.		
Other details such as any aggravation or recurrence of a previous injury or a degenerative component	aggravation of previous neck pain and back pain.		
Injury/disease is consistent with patient's description of cause:	yes	Patient's type of work (see note 11)	plant operator
Treatment/medication	analgesics, physiotherapy, deep tissue massage. following up with neurosurgeon and orthopaedic surgeon. had epidural injection. pain management, psychotherapy		
Referral to another health care provider (give details of provider and service requested, duration and frequency when relevant)			

CAPACITY FOR WORK

Discussion with the employer may assist you to find out whether suitable employment is available for your patient, given his/her injury/disease.

		Work restrictions (see notes 14 & 15)	
Expected to be fit for normal duties	from		
Fit for modified duties (specify restrictions at right)	from		
	to		
Fit for alternative duties (specify restrictions at right)	from		
Unfit for any duties	to		
	From	05/09/2014	Next Review Date: 03/10/2014
	To	02/10/2014	
Comments			

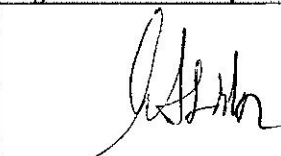
I certify that I have clinically examined this patient. The information and medical opinions contained in this certificate are, to the best of my knowledge, true and correct.

MEDICAL PRACTITIONER IDENTIFICATION

Name, address and phone number (practice stamp if available)

Dr Madumathi N Herath Mudiyanse
4532671J
3-7 Kingdom Drive
Cranbourne. Vic. VIC 397703 59950766

Signature of medical practitioner



Provider no or hospital name

4532671j

Specialty

General Practitioner

Date of examination*

04/09/2014

Date of issue

04/09/2014

Patient Name: Mr. Sivakumar Reddy DOB: 23/11/1969

20050119

Approved by Victorian Workcover Authority Jan 05